

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-027252

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

3620

FILED JUL 30 1962

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Kansas City

Length of stay in 1b

Life

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Menorah Medical Center

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jackson

c. CITY
OR TOWN

Kansas City

Inside Limits

Yes ☒ No ☐

d. STREET
ADDRESS

(If outside, give location)

3314 Gillham

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First

Anthony

Middle

Melham

Last

4. DATE
OF DEATH

Month July

Day 10

Year 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7-1-13

9. AGE (last birthday)

49

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

GROCEMAN & OWNER

10b. KIND OF BUSINESS OR INDUSTRY

RETAIL

11. BIRTHPLACE (City and state or country)

KANSAS CITY

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

NAZIB MELHAM

13b. MOTHER'S MAIDEN NAME

MARY RAPHEAL

14. NAME OF HUSBAND OR WIFE

MERCIDES MELHAM

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) YES W W T

17. INFORMANT

MERCIDES MELHAM 3314 GILHAM PLAZA

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial infarction

DUE TO (b)

coronary occlusion

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from about 9-62 to death and last saw him alive on 7-10-62

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Harry Statland

22b. ADDRESS

751 E. 62 ST. KC. Mo

22c. DATE SIGNED

7-11-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

7-12-62

23c. NAME OF CEMETERY OR CREMATORY

ST. MARY'S CEMETERY

23d. LOCATION (City, town, or county)

Kansas City, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

MELLODY-Mc GILLOY-EYLER

WOODLAND

25. DATE RECD. BY LOCAL REG.

7-11-62

26. REGISTRAR'S SIGNATURE

Ruth H Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

HARRY STATLAND

VS 300
Rev. 4/59

DATE AMENDED

ITEM NO.

1
2 349
3
4 0
5
6
7 0
8 2
9 4201
10
11
12 61-0
13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

James E. Hackbman

Licensed Embalmer No. 4573

P. O. Address X. C. Inc.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.